

2005

**Hazardous Waste Report
Identification and Certification**

Form 4430-013 (R 12/05)

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FORM
IC

Notice: Submission of this form is mandatory. Failure to submit this form may result in a forfeiture of up to \$25,000 per violation pursuant to s. 291.97, Wis. Stats., and chs. NR 600-685, Wis. Adm. Code. Personal information collected will be used for program administration and may be provided to requesters as required by Wisconsin's Open Records law [ss. 19.31-19.39, Wis. Stats.].

Instructions: Read and follow the detailed instructions for completing Form IC in the 2005 Hazardous Waste Report booklet.

Section I. Site name and location address

A. EPA ID. No.

W I _____

B. DNR Facility ID No.

C. Site / Company Name

D. Street Name and Number (If not applicable, enter industrial park, building name or other physical location description.)

E. City, Town, Village, etc.

F. State

G. ZIP Code

H. County

I. ☐ Location change occurred

☐ Ownership change occurred

Date (MM-DD-YY): _____

Date (MM-DD-YY): _____

Section II. Mailing address of site

A. Is the mailing address the same as the location address above?

☐ Yes (skip to section III)

☐ No (complete section II)

B. Number and Street Name or P.O. Box

C. City, Town, Village, etc.

D. State

E. ZIP Code

Section III. Contact Person Information

A. Contact First Name

M.I.

Last Name

Title

B. Telephone Number

Ext.

C. E-Mail Address

Section IV. North American Industry Classification System (NAICS) Code

A.

B.

C.

D.

Section V. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Please print. Last Name

First Name

M.I.

B. Title

C. Signature

D. Date of Signature (MM/DD/YY)

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Section VI. Generator Status and Reporting Exemption

A. 2005 Generation (select one box below).

- ☐ 1 LQG
☐ 2 SQG
☐ 3 VSQG (continue to box C)
☐ 4 Non-generator (continue to box B and C)

B. Reason for not generating (select all that apply).

- ☐ 1 Never generated
☐ 2 Out of business
☐ 3 Only excluded or delisted waste
☐ 4 Only non-hazardous waste
☐ 5 Periodic or occasional generator
☐ 6 Waste minimization activity
☐ 7 Other (specify in comments section below)

C. Exemption from reporting. Briefly describe exemption in the comments section below.

(select one) ☐ For 2005 only

Check here if you have determined that 2005 reporting is not required, but you anticipate a change in hazardous waste activity during 2006 that would place you in a category for which reporting is required. You will be sent materials for 2006 reporting.

☐ Permanently

Check here if you do not anticipate a change in hazardous waste activity in the future that would place you in a category for which reporting is required. Upon verification of your status change request, you will NOT be sent materials for 2006 reporting.

Section VII. On-Site Hazardous Waste Management Status – Enter appropriate codes from the instructions

A. NR 680 Licensed
Storage Code No. _____

B. NR 680 Licensed Treatment,
Recycling or Disposal Code No. _____

C. License-Exempt Treatment,
Recycling or Disposal Code No. _____

Section VIII. Facility Owner Information

A. Facility Owner Name

B. Owner Start Date (MM-DD-YY)

C. Number and Street Name or P.O. Box

D. City, Town, Village, etc.

E. State

F. ZIP Code

G. Country (if different than United States)

H. Telephone Number

Ext.

I. Facility Owner Type: (select one box below)

☐ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other: _____

Comments